

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9	1					
10						
11						
12	1					
13	1					
14	1					
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16	1					
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45		3				
46		3				
47		3				
48		3				
49		3				
50		3				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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54						
55						
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57						
58	1	3				
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96						
97						
98						
99						
100						
TOTAL IND.	5					
TOTAL DEP.	29					
TOTAL CLAIMS	34					